
Lab Dept: Chemistry

Test Name: DRUGS OF ABUSE SCREEN, URINE

General Information

Lab Order Codes: ABUS

Synonyms: Urine drug screen

CPT Codes: 80307 – Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers

CPT's vary: Confirmations may be added at the request of the provider at an additional charge, see confirmation links below.

Test Includes: Major metabolites of drugs of abuse (phencyclidine, benzodiazepines, cocaine metabolite, amphetamines, tetrahydrocannabinol, opiates, barbiturates) in urine.

Logistics

Test Indications: Useful for the qualitative determination of the presence of the major metabolites of drugs of abuse in urine.

Lab Testing Sections: Chemistry

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 hour or STAT (30 minutes)

Special Instructions: Confirmatory testing, for positive screening results requires a separate order. Use Add Order in HIS (Hospital Information System) orders to request the specific confirmatory test.

Specimen

Specimen Type: Urine

Container: Urine Cup

Draw Volume: 10 mL (Pediatric Minimum: 4 mL, Absolute Minimum: 1 mL) urine

Note: Collection of the Absolute Minimum volume **does not** permit confirmatory or repeat testing.

Processed Volume: Same as Draw Volume

Collection: Freshly voided, random urine. No preservative.

Lab Staff:

Specimen should be at room temperature.

Centrifuge specimens containing particulates.

Transfer 1 mL to Vista SSC using an automatic pipette.

Verify pH is within 5-8 by pouring a separate aliquot into a Kova tube.

Plastic transfer pipettes should not be used.

Hold urine in the lab for 24 hours pending confirmation testing orders.

Patient Preparation: None

Sample Rejection: Unlabeled or mislabeled specimen; adulterated specimen; pH <5 or >8

Interpretive

Reference Range:

Negative

This test differentiates between positive and negative specimens at the designated cut-off concentrations.

Drug Name:	Cut-off concentration:	Confirmatory Test:
Phencyclidine:	25 ng/mL	PCCON
Benzodiazepines:	200 ng/mL	BECON
Amphetamines:	1000 ng/mL	AMCON
Cocaine (Benzoyllecgonine):	300 ng/mL	COCON
Tetrahydrocannabinol:	50 ng/mL	THCON
Opiates (Morphine):	300 ng/mL	OPCON
Barbiturates:	200 ng/mL	BACON

Critical Values: Call any positive results

Limitations: This test is a qualitative screening test. Confirm positive results by another method, such as GC/HPLC if indicated.

Methodology: Syva® Emit II Immunoassay

References: Jacobs and DeMott (2001) Laboratory Test Handbook, 5th edition, Lexi-Comp, Inc., Hudson, OH, p 788

Siemens Dimension Vista Flex Reagent Cartridge Inserts, Newark, DE, 19714 (See below for individual analyte)

AMPH Flex® reagent cartridge insert sheet PN 781091.001,5/5/15, Rev E

BARB Flex® reagent cartridge insert sheet PN 9D022UL.1205,4/2015, Rev G

BENZ Flex® reagent cartridge insert sheet PN 781097.001,2/24/2015, Rev G

COC Flex® reagent cartridge insert sheet PN 781092.001,3/25/2015, Rev E

OPI Flex® reagent cartridge insert sheet PN 781093.001,3/25/2015, Rev G

PCP Flex® reagent cartridge insert sheet PN 781094.001,3/25/2015, Rev E

THC Flex® reagent cartridge insert sheet PN 781095.001,3/25/2015, Rev E

Updates: 4/27/2006: TCA (Tricyclic Antidepressants) are no longer part of this assay.
3/30/2009: Revised volume to include Pediatric Minimum.
5/11/2010: CPT update, previously reported as 80101.
2/8/2011: CPT update, quantity changed
1/3/2012: Test no longer includes TCA.
1/12/2015: CPT update
5/18/2015: CPT update
1/20/2016: CPT update
2/4/2016: CPT update
7/22/2016: pH criteria added
6/9/2017: CPT update.
9/27/2017: Updated lab processing.